

TODAY'S DATE \_\_\_\_\_

## **HEARING TEST DATA**

**DoD Comp:**            Army            Air Force            Marine            Navy

**Service Comp:**    Regular       Reserve       National Guard  
                         Federal Employee       Contractor       Foreign National

**Rank/Grade:**       \_\_\_\_\_/\_\_\_\_\_

**Last Name:**       \_\_\_\_\_ **First Name** \_\_\_\_\_

**MI**\_\_\_\_\_ **Gender:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**DOB (mm/dd/yyyy)**       \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Current MOS/Designator Code/AFSC:** \_\_\_\_\_

**UIC: (If known)** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Major Command (If known)** \_\_\_\_\_

**Location/Place of work** \_\_\_\_\_

**Contact Number:**            (       ) \_\_\_\_\_ - \_\_\_\_\_

Do you have any ears, nose, or throat Problems?	Yes or No
Do you wear hearing aids?	Yes or No
Do you wear glasses?	Yes or No
Do you wear hearing protection while working?	Yes or No
Do you have ringing in the ears (tinnitus)?	Yes or No

**Hearing Category**            H1            H2            H3